

PTO/SB/97 (08-03)

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on January 3, 2007
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Pamela L. Rader

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Pamela L. Rader

Typed or printed name of person signing Certificate

In Re U.S. Patent Application Serial No. 10/821,415

Title: Capacitor Start-Up Apparatus and Method with Fail Safe Short Circuit Protection

Filing Date: April 9, 2004

Attorney Docket No. 356-030-USP

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PTO Fax Number: 571-273-2885

FROM: Thomas J. Osborne, Jr./Reg. No. 39,796

Transmitted herewith are:

Fax Transmittal Cover Sheet (1 page);

Part B - Fee(s) Transmittal (2 pages: original + duplicate for fee processing);

Comments on Statements of Reasons for Allowance (1 page);

Fee Address Indication Form (PTO/SB/47) (1 page); and

Copy of Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence

Address and Statement under 37 CFR 3.73(b) as filed August 16, 2006 (3 pages).

Total Pages in Transmission: 8

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number 10/821,415
Filing Date April 9, 2004
Inventorship Guy C. Thrap
Applicant Maxwell Technologies, Inc.
Attorney's Docket No. 356-030-USP
Title: Capacitor Start-Up Apparatus and Method with Fail Safe Short Circuit Protection

To: MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: Thomas J. Osborne, Jr. (Tel: 720-377-0759; Fax: 720-377-0777)
Customer No. 61807

COMMENTS ON STATEMENTS OF REASONS FOR ALLOWANCE

The Applicant acknowledges with appreciation the allowance of claims 4-62 (renumbered as 1-59) in the subject application by the Examiner. The Applicant agrees with the Examiner's Statement of Reasons for Allowance to the extent that claims 4-62 (renumbered as 1-59) are patentable over the references in the record.

However, the Applicant expressly traverses the Examiner's Statement of Reasons for Allowance to the extent that any statement is intended to or has the intended effect of limiting a claim scope, explicitly or implicitly, by not reciting verbatim the respective claim language, or is intended to or has the effect of limiting a claim scope by stating or implying that all the reasons for patentability are in any way fully enumerated. The Applicant specifically does not acquiesce or agree in any manner as to any assertion in Examiner's statements that may be interpreted to narrow the claims to less than their recited scope.

If there are any questions, please contact the undersigned attorney.

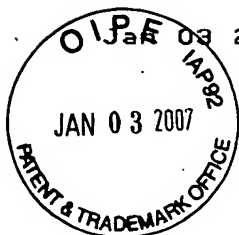
Dated: January 3, 2007

Respectfully submitted,

Thomas J. Osborne, Jr.
Registration No. 39,796
Attorney for Applicant
USPTO Customer No. 61807

356-030-USP

Hensley Kim & Edgington, LLC



03 2007 5:57PM

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number 10/821,415

Filing Date 04/09/2004

First Named Inventor Guy Thrap

Art Unit 2838

Examiner Name Nguyen, Matthew Van

Attorney Docket Number M110US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Erik M. Vieira		
Date	August 16, 2006	Reg. No.	53,723

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Typed or printed name	Natalie Saluk	Date	August 16, 2006

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